	Substitute for Form PTO-875										Application of Docket Number 101623772		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		Or		IER TIMN LL ENTITY	
	FOR 6ASIC FEE		NUMBER FILED .		NUMBER EXTRA		╛	RATE	FEE		RATE	FEC	
	TOTAL CLAIMS	"							s	OR		1 .	
	(37 CFR 1.16(c)) [mlnus 20 =					x s =	,	OR			
	INDEPENDENT (37 CFR 1.16(b))	CLAIMS	minus 3 =		•		7	x s =		7			
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5 =		OR		 	
	* If the difference in column 1 is less than zero, enter *0* in column 2.						_ا		 	OR	+ 5=	-	
	CLAIMS AS AMENDED - PART II							TOTAL	t	_] OR	JATOI	L	
	ماددا	OLANO A	O MINIENU	EU - PA	KIII								
P	elatice	(Column			olumn 2)	(Column 3)	-	SMALL ENTITY		OR -		ER THAN L ENTITY	
	Total	REMAIN AFTE AMENDA	NING R MENT	PREV PAIL	SHEST MBER WOUSLY DFOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 CFR 1.16(c)) Z Independent	1.6	Minu	14	0			x \$=		OR	x s =		
	(37 CFR 1.15(b))	13	Minu	5 3	3			x \$=	1	OR	x s =		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37.0				M (37 C	FR 1.16(d))	$ \ $	+\$=		OR	+\$ =	`.	
								TOTAL ADD'L FEE		OR	TOTAL	1	
L	(Column 1) (Column 2) (Column 3)									1 0	ADD'L FEE	<u> </u>	
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	IG NT	HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TЮNAL FEE	
	(37 CFR 1.16(c)) Independent	ļ	Minus				,	K \$=		OR	x \$=		
ME	(37 CFR 1.16(b))	l	Minus	<u> </u>	l	=	,	(\$=		OR	x \$=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1.	-s =		OR	+s =		
				-				OTAL DO'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	_				•		
AENT C	Total	REMAINING AFTER AMENDMENT	-	HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
핡	Total (37 CFR 1.16(cj)		Minus	44		E	x	\$=		OR	x \$=		
AMENDM	Independent (37 CFR 1.16(b))	•	Minus	***			×	\$=		OR	x s =		
⋖	FIRST PRESENTAT	TION OF MULTIP	LE DEPENDE	ALCOVIN ((37 CFR 1	I.16(d))	+	s =		OR			
							TC	OTAL OD'L FEE		OR [+ \$_ = TOTAL ADD'L FEE		
	I the entry in colu I the "Highest Nu the "Highest Nur						ler *2	o * .					

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.